# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/769896

			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY						
TOTAL CLAIMS			(Column	· · /	10010	ımn 2)	ı	RATE	FEE	<b>1</b>	RATE	FEE
FC	B.		NUMBER FILED		NUMBER EXTRA			BASIC FEE	150.00	1	BASIC FEE	300.00
_	<del></del>	ADIT OLAMO			ROMBEREATIA				100.00	TOH		000.00
	TAL CHARGE	ABLE CLAIMS	minus 20=		*			X\$ 25=		OR	X\$50=	
IND	EPENDENT C	LAIMS	minus 3 =		ļ -			X100=.		OR	X200=	
<u> </u>		NDENT CLAIM P						+180=		OR	+360=	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	
Column 1) (Column 2) (Column						(Column 3)		SMALĹ	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	* 22	Minus	** 9	20	= 2		X\$ 25=		OR	X\$50=	100
AME	Independent	* 2	Minus	***	3	<u> </u>		X100=		OR	X200=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEI	PENDENT	CLAIM			+180=		OR	+360=	
										OR	TOTAL ADDIT. FEE	100
ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 25=		OR	X\$50=	
AME	Independent	*	Minus			=		X100=		OR	X200=	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+180=		OR	+360=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)									9		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	G.	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 25=		OR	X\$50=	
	Independent	*	Minus	***		=	F	X100=			X200=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	<b>^∠</b> 00=	
	•						Ŀ	+180=		OR	+360=	

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Group Art Unit: 3644

Examiner: Lofdahl

Atty. Dkt. No.: 04132.0029.00US00

In re Application of: Jentje DEELSTRA

Serial No. 10/769,896

Confirmation No. 9174

Filed: 3rd February 2004

Title: A DEVICE FOR AUTOMATICALLY

MILKING AN ANIMAL

# RESPONSE TO NON-FINAL OFFICE ACTION

Certificate of Transmission under 37 CFR 1.8

Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office at telephone number 001-703- 872-9306

00)Signature: \_/

### INTRODUCTORY COMMENTS

Sir:

In response to the Office Action dated 7th February 2005, please amend the aboveidentified application as below and consider the accompanying remarks:

00000001 083038

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In view of the above, Applicants respectfully request withdrawal of the rejections and allowance of claims 1 to 18.

### Objections to Claims 1, 16 and 17

Claims 1, 16 and 17 were objected to on the basis of certain informalities. In order to overcome these objections, the robot arm has been referred to as the third robot arm construction portion. This wording has been adopted throughout the description and claims. In view of the above, Applicants respectfully request withdrawal of these objections.

### New Claims:

Claims 19 and 20 have been added in order to more fully claim the subject matter of Applicants' invention. Support for the new claims can be found in the original specification as filed e.g. in the final sentence of paragraph [0022] and in the figures.

As mentioned above, new claims 21 and 22 have been added to further characterize the manner in which the position of the points of application of the actuators causes them to cross one another.

None of the art of record teaches or suggests the combination of features recited in the new claims. In particular, since they are dependent upon claims 1 and 18 respectively.

In view of the above, Applicants respectfully request entry and allowance of claims 19 to 22 by the Examiner.

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Any extension of time that may be deemed necessary to further the prosecution of this application is hereby requested. The Commissioner is authorized to charge any additional fees which may be required, or credit any overpayment, to Deposit Account No. 08-3038, referencing the docket number shown above.

The Examiner is respectfully requested to contact the undersigned by telephone at the number given below in order to resolve any questions.

Respectfully submitted,

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